

CANCER REGISTRY STATUTE

26:2-104 Legislative findings and declaration

The Legislature hereby finds and declares:

(a) That New Jersey is currently suffering from the highest overall mortality rates for cancer in the Nation;

(b) That certain forms of cancer are now believed to be attributable to environmental factors which, if controlled, can significantly reduce incidence in this State;

(c) That more complete and more precise statistical data are necessary to determine the correlations between cancer incidence and possible environmental factors and to evaluate cancer treatment and prevention measures that are currently in progress; and,

(d) That a cancer registry would thus provide a vital foundation for a concerted State effort to reduce the incidence of environmentally related cancer in this State. L.1997,c.266

26:2-105 Establishment and maintenance; Inclusions

The State Department of Health shall establish and maintain an up-to-date registry which shall include a record of cases of cancer and specified cases of tumorous or precancerous disease that occur in New Jersey, and such information concerning these cases as it shall deem necessary and appropriate in order to conduct thorough and complete epidemiologic surveys of cancer and cancer-related diseases in this State and to apply appropriate preventive and control measures.

26:2-106 Reports and submissions by health care providers; rules and regulations

(a) The Commissioner of Health, in consultation with the Public Health Council, shall require the reporting of cases of cancer and other specified tumorous and precancerous diseases, and the submission of such specified additional information on reported cases or control populations as he deems necessary and appropriate for the recognition, prevention, cure or control of such diseases.

(b) Pursuant to subsection a. of this section, the Commissioner of Health is hereby authorized to adopt and promulgate, in the manner prescribed by the applicable provisions of the "Administrative Procedure Act" (P.L.1968,C.410;C.52:14B-1 et seq.), rules and regulations specifying the health care providers, individuals, and other organizations obliged to make the report and submissions required by subsection a. of this section, the related information to be included in such reports, and the methods for such reporting.

(c) All Abstracting work performed by a health care facility in accordance with this section shall be performed by a certified tumor registrar.

(d) 1. The Department of Health shall contract
CHAPTER 57A

out its registry services to health care facilities which lack adequate internal capabilities to report cases on a timely basis, as provided in the regulations adopted pursuant to this section. Such health care facilities shall reimburse the department for services rendered.

2.If a health care facility fails to correct deficiencies in its reporting that are discovered on audit by the Department of Health within 30 days, the department will conduct the appropriate registrar activities and charge the facility for all costs related to its services.

(e) Health insurers and other third party health care payers providing health benefits plans to residents of the State shall report to the Department of Health cases of cancer of State residents based upon selection criteria and in a format specified by the department.

(f) 1.A health care facility, health care provider or health insurer that fails to comply with the provisions of this section shall be liable to a penalty of up to \$500 per unreported cancer case.

2.A health care facility that fails to report cases of cancer electronically, as required by regulation, by December 31, 1996 shall be liable to a penalty not to exceed \$1,000 per business day.

3.A penalty sued for under the provisions of this subsection shall be recovered by and in the name of the Department of Health and shall be dedicated to the cancer registry.

Amended by L.1996, c.74, § 1, eff. July 22, 1996.

26:2-107 Confidentiality of reports

The reports made pursuant to this act are to be used only by the State Department of Health and such other agencies as may be designated by the Commissioner of Health and shall not otherwise be divulged or made public so as to disclose the identity of any person to whom they relate; and to that end, such reports shall not be included under materials available to public inspection pursuant to P.L.1963,c73 (C.47:1A-1 et seq.).

26:2-108 Non-liability for divulging confidential information

No individual or organization providing information to the State Department of Health in accordance with this act shall be deemed to be, or be held liable for, divulging confidential information.

26:2-109 Inapplicability of act to compel individuals to submit to medical or health department examination or supervision

Nothing in this act shall be construed to compel any individual to submit to medical or health department examination or supervision.

CANCER REGISTRY REGULATIONS

Authority

N.J.S.A. 26:2-104 et. seq.

Source and Effective Date

R.1995 d.241, effective April 12, 1995,
See: 27 N.J.R. 629(a), 27 N.J.R. 1988(a),

Executive Order No. 66(1978) Expiration Date
Chapter 57A, Cancer Registry, expires on April 12, 2000.

Chapter Historical Note

Chapter 57 A, Cancer Registry, became effective June 16, 1986, as R.1986 d.277, as Subchapter 6 of N.J.A.C. 8:57. See: 17 N.J.R. 2836(b), 18 N.J.R. 1283(a). The text was recodified with amendments to N.J.A.C. 8:57A by R.1990 d.242 effective May 21, 1990. See: 21 N.J.R. 3909(a), 22 N.J.R. 1596(a).

Pursuant to Executive Order No. 66(1978), Chapter 57A was readopted as R.1995 d.241. See: Source and Effective Date. See, also, section annotations.

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SUBCHAPTER 1. CANCER REGISTRY

8:57A-1.1 Reporting of cancer; general requirements

(a) Cases of cancer and other specified tumorous and precancerous diseases shall be reported to the New Jersey Department of Health and Senior Services. The reportable diseases and conditions shall be specified in a listing promulgated by the Commissioner of the New Jersey Department of Health and Senior Services, at N.J.A.C. 8:57A-1.8.

(b) All case reports shall be submitted within six months of the date of diagnosis or within three months of

(c) The New Jersey Department of Health and Senior Services shall charge a fee to health care facilities for the provision of services set forth at (d) above. The fee shall be based upon the fair market value of services.

the date of discharge from the reporting facility, whichever is sooner.

(c) Follow-up reports shall be submitted on each cancer case at least annually to confirm the patient's vital status. These follow-up reports shall be required until the patient's death.

Amended by R.1990 d.242, effective May 21, 1990.
See: 21 N.J.R. 3909(a), 22 N.J.R. 1596(a).

Third party payers permitted to report cases to the Registry; machine readable submissions permitted.
Amended by R.1995 d.241, effective May 15, 1995.
See: 27 N.J.R. 629(a), 27 N.J.R. 1988(a).
Amended by R.1998 d.393, effective August 3, 1998.
See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).

Rewrote the section.

8:57A-1.2 Health care facility reporting

(a) The administrative officer of every health care facility shall report to the New Jersey Department of Health and Senior Services every case of cancer or other specified tumorous and precancerous disease when it is initially diagnosed or when the patient is first admitted or treated for any reason in that facility. A report shall also be submitted for each subsequent primary cancer diagnosed in that individual.

1. Health care facility means a facility as defined at N.J.S.A. 26:2H-1 et. seq. and amendments thereto.

(b) All abstracting work performed by a health care facility which diagnoses or treats 100 or more cancer cases per year shall be performed by a tumor registrar who is certified by the National Board for the Certification of Registrars, PO Box 15945-302, Lenexa, KA 66285-5945. The certified tumor registrar shall be either employed by the health care facility or employed by an abstract-coding service under contract by the health care facility.

1. The health care facility shall have until August 3, 2000 to comply with the provisions of (b) above.

(c) The information to be reported shall:

1. Be submitted electronically in a standard format which is specified by the New Jersey Department of Health and Senior Services; and

2. Include patient identifying information, medical history, cancer treatment, and an annual report to confirm the patient's vital status until the patient's death.

(d) Health care facilities which lack adequate internal capabilities to report cases in accordance with the requirements of (b) and (c) above shall contract with the New Jersey Department of Health and Senior Services to provide abstracting services.

(f) A health care facility which fails to comply with the provisions of this subchapter shall be liable for a penalty of up to \$500.00 per unreported case of cancer or

other specified tumorous and precancerous disease.

(g) A health care facility which fails to report cases of cancer or other specified tumorous and precancerous diseases electronically shall be liable to a penalty not to exceed \$1,000 per business day.

Recodified from N.J.A.C. 8:57A-1.1(b) and amended by R.1998 d.393, effective August 3, 1998.

See: 29 N.J.R. 2759(a), 30 N.J.R. 2903 (b).

Rewrote the section. Former N.J.A.C. 8:57A-1.2, Reportable list, was recodified to N.J.A.C. 8:57A-1.8.

8:57A-1.3 Physician, dentist, and other health care provider reporting

(a) Every physician, dentist, or other health care provider who diagnoses or provides treatment for cancer patients shall report to the New Jersey Department of Health and Senior Services an initial diagnosis of each case of cancer or other specified tumorous and precancerous disease not referred to or previously diagnosed in a health care facility in the State of New Jersey. A report shall also be submitted for each subsequent primary cancer diagnosed in that individual.

(b) The information to be reported shall:

1. Be submitted on forms specified by the New Jersey Department of Health and Senior Services; and

2. Include patient identifying information, medical history, and cancer treatment.

(c) The physician, dentist, or other health care provider may submit the reports electronically in a standard format which is specified by the New Jersey Department of Health and Senior Services.

(d) A physician, dentist or other health care provider who fails to comply with the provisions of this subchapter shall be liable for a penalty of up to \$500.00 per unreported case of cancer or other specified tumorous and precancerous disease.

Recodified from N.J.A.C. 8:57A-1.1 (c) and amended by R.1998 d.393, effective August 3, 1998.

See: 29 N.J.R. 2759 (a), 30 N.J.R. 2903(b).

Rewrote the section.

8:57A-1.4 Clinical laboratory reporting

(a) The director of every independent clinical laboratory shall report to the New Jersey Department of Health and Senior Services the results of examinations of tissue specimens and/or hematology examinations which are positive for the existence of cancer or other specified tumorous and precancerous disease not previously reported

Information necessary to clarify medical or demographic data shall be supplied upon request of the New Jersey Department of Health and Senior Services. This supplemental information shall include, but not be limited to: copies of pathology and/or hematology reports, operative reports, treatment information, history and physical sections of the medical records, and discharge summaries.

from that laboratory.

(b) The information to be reported shall:

1. Be submitted on forms specified by the New Jersey Department of Health and Senior Services; and

2. Include all available patient identifying information and the name, address, and/or telephone number of the referring physician.

(c) The director of the independent clinical laboratory may submit the reports electronically in a standard format which is specified by the New Jersey Department of Health and Senior Services.

(d) An independent clinical laboratory which fails to comply with the provisions of this subchapter shall be liable for a penalty of up to \$500.00 per unreported case of cancer or other specified tumorous and precancerous disease.

Recodified from N.J.A.C. 8:57A-1.1(d) and amended by R.1998 d.393, effective August 3, 1998.

See: 29 N.J.R. 2759(a), 30 N.J.R. 2903 (b).

Rewrote the section.

8:57A-1.5 Health care insurer reporting

(a) Health care insurers and other third party health care payers providing benefit plans to residents of the State may report to the New Jersey Department of Health and Senior Services cases of cancer or other specified tumorous and precancerous diseases based upon selection criteria specified by the Cancer Registry.

(b) If reported, the information shall:

1. Be submitted on forms specified by the New Jersey Department of Health and Senior Services; and

2. Include patient identifying information, medical history, cancer treatment, and an annual report to confirm the patient's vital status until the patient's death.

(c) Health care insurers and other third party health care payers providing benefit plans to residents of the State may submit the reports electronically in a standard format which is specified by the New Jersey Department of Health and Senior Services.

Recodified from N.J.A.C. 8:57A-1.1(e) and amended by R.1998 d.393, effective August 3, 1998.

See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).

Rewrote the section.

8:57A-1.6 Supplemental information

Recodified from N.J.A.C. 8:57A-1.1(f) and amended by R.1998 d.393, effective August 3, 1998.

See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).

Rewrote the section.

8:57A1-7. Access to information and records

(a) Every health care facility, independent clinical laboratory, physician, dentist, or other health care provider who diagnoses or provides treatment for cancer patients and health care insurers and other third party health care payers providing benefit plans to residents of the State shall allow representatives of the New Jersey Department of Health and Senior Services to obtain information from all medical, pathological, and other pertinent records and logs related to cancer cases, as necessary for fulfilling the functions of the cancer registry program.

(b) Every health care facility, independent clinical laboratory, physician, dentist, or other health care provider who diagnoses or provides treatment for cancer patients and health care insurers and other third party health care payers providing benefit plans to residents of the State shall permit representatives of the New Jersey Department of Health and Senior Services access to information or provide necessary information on specified cancer patients and other patients specified by characteristics for research studies related to cancer etiology, prevention, and control which are conducted by the New Jersey Department of Health and Senior Services. These studies, shall have been approved by the Commissioner of the New Jersey Department of Health and Senior Services after appropriate review to assure protection of human subjects. This access or provision of information shall include patients who came under the care of the health care facility, physician, dentist, or other health care provider prior to November 18, 1977.

(c) The reports made pursuant to this subchapter shall be used only by the New Jersey Department of Health and Senior Services and such other agencies as may be designated by the Commissioner of the New Jersey Department of Health and Senior Services. These reports shall not be otherwise divulged or made public. Such reports shall not be subject to public inspection and copying pursuant to the Right-to-Know Act, N.J.S.A. 47:1A-1 et seq.

(d) No individual or organization providing information to the New Jersey Department of Health and Senior Services in accordance with this subchapter shall be deemed to be, or held liable for, divulging confidential information.

(e) Any individual or organization which reveals or discloses any information or data in violation of (c) above shall be the subject of penalties as permitted by law. All violations shall be reported to the appropriate professional licensing authorities and public financing programs.

(f) Failures to permit access to information and records to representatives of the New Jersey Department of Health and Senior services shall be cause for the imposition of penalties as permitted by law.

Recodified from N.J.A.C. 8:57A-1.1(i) and (j) and amended by R.1998 d.393, effective August 3, 1998.

Neuroepithelioma
Paranglioma (+)
Pheochromocytoma, malignant only
Sympathicoblastoma

ANUS (see G-I tract)

See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).
Rewrote the section.

8:57A-1.8 List of reportable diseases and conditions

(a) If a diagnosis includes any of the following words, the case shall be reported to the New Jersey Department of Health and Senior Services in accordance with the provisions of this subchapter:

Cancer;
Carcinoma;
Leukemia;
Malignant; and/or
Sarcoma.

(b) Any case having a diagnosis listed at (g) below and which contains any of the following terms in the final diagnosis shall be reported to the New Jersey Department of Health and Senior Services in accordance with the provisions of this subchapter:

Compatible with;
Consistent with;
Most likely;
Probable;
Suspect; and/or
Suspicious.

(c) Basal cell carcinomas of the skin shall not be reported to the New Jersey Department of Health and Senior Services except when they are diagnosed in the labia, clitoris, vulva, prepuce, penis, or scrotum.

(d) Carcinoma *in situ* of the cervix shall not be reported to the New Jersey Department of Health and Senior Services.

(e) Insofar as soft tissue tumors can arise in almost any body site, the primary site of the soft tissue tumor shall also be examined for any questionable neoplasm.

(f) If any uncertainty regarding the reporting of a particular case exists, the New Jersey Department of Health and Senior Services shall be contacted for guidance.

(g) Every New Jersey health care facility, physician, dentist, other health care provider, or independent clinical laboratory shall report the following conditions to the New Jersey Department of Health and Senior Services in accordance with the provisions of this subchapter:

ADRENAL

Adrenal cortical carcinoma
Ganglioneuroblastoma
Neuroblastoma
Neuroendocrine carcinoma

APPENDIX (see G-I tract)

BILE DUCTS (see gall bladder and bile ducts)

BLOOD (see Hematopoietic/Lymphoid)

BLOOD VESSELS (see soft tissues)

BONE AND JOINTS

Adamantinoma
Ameloblastoma, malignant
Angioblastoma (+)
Angiosarcoma
Chondrosarcoma
Chordoma
Ewing's Sarcoma
Fibrosarcoma (medullary, periosteal, central, endosteal)
Giant cell tumor of bone (+)
Giant cell tumor, malignant
Hemangioendothelioma, malignant
Mesenchymal chondrosarcoma
Myeloma
Osteoclastoma (+)
Osteogenic Sarcoma
Osteosarcoma
Periosteal osteoma
Plasmacytoma

BONE MARROW (see Hematopoietic/Lymphoid)

BRAIN AND SPINAL CORD

Astroblastoma
Astrocytoma (Fibrillary, gemistocytic, pilocytic, protoplasmic)
Choroid plexus papilloma, malignant
Ependymoblastoma
Ependymoma
Ganglioneuroblastoma
Germinoma
Glioblastoma multiforme
Glioma, all types
Hemangiopericytoma, malignant only
Medulloblastoma
Medulloepithelioma
Meningioma, malignant only
Myxopapillary ependymoma (+)
Neuroblastoma
Oligodendrocytoma or oligodendroblastoma
Oligodendroglioma
Pinealoma (+)
Pineal teratoma, malignant
Pineoblastoma
Pineocytoma (+)
Polarespongioblastoma
Spongioblastoma
Subependymal astrocytoma (+)
Subependymoma (+)

BREAST

Adenocarcinoma
Apocrine carcinoma
Colloid carcinoma
Comedocarcinoma
Cribriform carcinoma
Cystosarcoma phyllodes, malignant only
Adenosarcoma
Apudoma (+)
Argentaffinoma (+)
Bowen's disease of anus

Ductal carcinoma, in situ
Fibroadenoma, malignant only
Glycogen rich carcinoma
Infiltrating carcinoma of the breast such as:
 Carcinoma, NOS
 Duct adenocarcinoma
 Duct and lobular
 Duct carcinoma
 Duct and Paget's disease
 Ductular
 Lobular
 Lipid-rich carcinoma
 Lobular carcinoma, in situ
 Lobular and intraductal, in situ
 Lobular neoplasia
 Medullary carcinoma
 Papillary carcinoma, in situ
 Paget's disease
 Phyllodes tumor, malignant
 Stromal sarcoma of breast
 Tubular carcinoma

BRONCHUS (see lung)

CERVIX (see uterus)

COLON (see G-I tract)

EAR (see skin, soft tissue)

ENDOMETRIUM (see uterus)

ESOPHAGUS (see G-I tract)

EYE

Epidermoid carcinoma
Melanoma, malignant
Retinoblastoma
Squamous cell carcinoma
Squamous cell epithelioma
(Tumors of the orbit:
See soft tissues and Hematopoietic/Lymphoid)

EXTRA-ADRENAL PARAGANGLIA (see adrenal)

FALLOPIAN TUBE (see uterus)

GALL BLADDER AND BILE DUCTS

Adenocarcinoma
Carcinoma (other)

GASTRO-INTESTINAL TRACT

(esophagus, stomach, intestine, appendix, colon, anus)

Adenoacanthoma
Adenocarcinoma
Adenoidcystic carcinoma
(Adeno) carcinoma in Adenomatous polyp with or without invasion of stalk
Carcinoid (except benign - e.g. appendix)
Carcinosarcoma
Cloacogenic carcinoma
Epidermoid carcinoma

Gastrinoma (+)
 Immunoproliferative disease, small intestinal
 Kaposi's Sarcoma
 Leiomyosarcoma, malignant only
 Linitis plastica
 Lymphoma
 Mixed tumor of esophagus, malignant only
 Neuroendocrine carcinoma
 Paget's disease of anus
 Polypoid adenoma, malignant only
 Signet ring cell carcinoma
 Squamous cell carcinoma
 Squamous cell epithelioma
 Transitional cell carcinoma

HEMATOPOIETIC/LYMPHOID (Including blood, bone marrow, lymph nodes, spleen, and tumors of hematopoietic or lymphoid histogenesis found in other sites.)

Acute erythremic myelosis
 Acute megakaryocytic myelosis
 DiGuglielmo's syndrome
 Erythroleukemia
 Gamma heavy chain disease (Franklin's Disease)
 Histiocytic medullary reticulosis
 Histiocytosis, malignant
 Histiocytosis-X, malignant only
 Hodgkin's Disease, all such as:
 Histiocyte predominant
 Lymphocyte depleted
 Lymphocyte predominant
 Mixed cellularity
 Nodular sclerosing
 Immunoproliferative Disease, NOS
 Letterer-Siwe's Disease
 Leukemia, all
 Leukemic reticuloendotheliosis
 Lymphoma, all
 Lymphosarcoma
 Lymphoreticular process, malignant
 Megakaryocytosis, malignant
 Multiple myeloma
 Mycosis fungoides
 Myelofibrosis with myeloid metaplasia, malignant only
 Myeloma
 Myeloproliferative disease (+)
 Myelosclerosis (with myeloid metaplasia) (+)
 Panmyelosis, acute
 Polycythemia Vera (+)
 Reticulosis, malignant
 Reticulum cell sarcoma
 Sezary's disease or syndrome
 Waldenstrom's macroglobulinemia or syndrome

HYPOPHARYNX (See oral cavity)

KIDNEY

Adenocarcinoma
 Adenomyosarcoma
 Clear cell carcinoma
 Hypernephroma

Nephroblastoma
 Renal cell carcinoma
 Squamous cell carcinoma
 Transitional cell carcinoma
 Tubular adenoma, borderline or malignant only
 Wilms's Tumor

LARYNX AND TRACHEA

Adenocarcinoma
 Adenocystic carcinoma
 Cylindroma
 Squamous cell carcinoma

LIP (see oral cavity)

LIVER

Angiosarcoma
 Bile duct carcinoma
 Cholangiocarcinoma
 Hepatoblastoma
 Hepatocellular carcinoma
 Hepatoma, malignant only

LUNG AND BRONCHUS

Adenocarcinoma
 Adenoid cystic carcinoma
 Apudoma (+)
 Argentaffinoma (+)
 Bronchial adenoma (+)
 Bronchial adenoma (carcinoid type)
 Cylindroma
 Epidermoid carcinoma
 Large cell (anaplastic) carcinoma
 Neuroendocrine carcinoma
 Oat cell carcinoma
 Pulmonary blastoma
 Small cell (anaplastic) carcinoma
 Squamous cell carcinoma
 Undifferentiated carcinoma

LYMPH NODE (See Hematopoietic/Lymphoid)

MEDIASTINUM

(see Hematopoietic/Lymphoid, soft tissue, or thymus)

MENINGES (see brain)

MUSCLE (see soft tissue)

NERVE (see soft tissue)

NOSE (Nasal cavity, Para-nasal sinus and

Nasopharynx)

Adenocarcinoma
 Epidermoid carcinoma
 Esthesioneuroblastoma
 Lymphoepithelioma
 Mesenchymoma, malignant
 Neuroblastoma
 Rhabdomyosarcoma
 Sarcoma botryoides

Squamous cell carcinoma

ORAL CAVITY AND SALIVARY GLANDS

Adenocarcinoma
Adenoid cystic carcinoma
Acinic cell carcinoma
Acinic cell tumor (+)
Cylindroma
Epidermoid carcinoma
Lymphoepithelioma
Melanoma
Mixed tumor, salivary gland type, malignant only
Mucoepidermoid carcinoma
Mucoepidermoid tumor (+)
Pleomorphic adenoma, malignant only
Squamous cell carcinoma
Transitional cell carcinoma
Undifferentiated carcinoma
Verrucous carcinoma

OROPHARYNX (see oral cavity)

OVARY

Adenocarcinoma, NOS
Arrhenoblastoma, malignant
Brenner tumor, malignant only
Choriocarcinoma
Clear cell carcinoma
Dysgerminoma
Embryonal carcinoma
Endodermal sinus tumor
Endometrioid carcinoma
Granulosa cell tumor (+)
Granulosa cell carcinoma
Granulosa cell tumor, malignant
Granulosa-theca cell tumor (+)
Gonadoblastoma (+)
Gynandroblastoma (+)
Leydig cell tumor, malignant
Mesonephroid carcinoma
Mucinous cystadenoma, borderline malignancy (pseudomucinous cystadenoma, borderline malignancy)
Mucinous cystadenocarcinoma
Mucinous papillary cystadenoma of borderline malignancy
Mucinous papillary cystadenoma with low malignant potential
Papillary cystadenoma, borderline malignancy
Papillary mucinous cystadenoma, borderline malignancy
Papillary mucinous tumor of low malignant potential
Papillary serous cystadenoma, borderline malignancy (papillary serous tumor of low malignant potential)
Papillary serous cystadenocarcinoma
Pseudomucinous cystadenocarcinoma
Seminoma
Serous papillary cystadenocarcinoma
Serous papillary cystadenoma of borderline malignancy
Serous papillary cystadenoma with low malignant potential
Sertoli-leydig cell carcinoma

Teratoma, malignant
Theca-granulosa cell tumor (+)
Yolk-sac tumor

PANCREAS

Adenocarcinoma
Cystadenocarcinoma
Gastrinoma (+)
Glucagonoma, malignant only
Islet cell adenoma (+)
Islet cell carcinoma
Pancreatoblastoma
Papillary cystic tumor (+)
Squamous cell carcinoma

PARAGANGLIA

Non-chromaffin paraganglioma (+)
(see also adrenal gland)

PARATHYROID

Carcinoma, all

PARANASAL SINUSES (see nose)

PENIS

Basal cell carcinoma of Penis and Prepuce (skin of)
Bowen's disease
Erythroplasia of Queyrat
Squamous cell carcinoma
Verrucous carcinoma

PERICARDIUM (see pleura)

PERITONEUM (see pleura)

PHARYNX (see oral cavity)

PINEAL (see brain)

PITUITARY

Craniopharyngioma, malignant only

PLACENTA

Choriocarcinoma
Chorioepithelioma
Hydatiform mole, malignant (+)
Invasive mole (+)

PLEURA, PERITONEUM, PERICARDIUM

Fibrosarcoma
Mesothelioma
Sarcoma

PROSTATE AND SEMINAL VESICLE

Adenocarcinoma
Adenoid cystic carcinoma
Alveolar rhabdomyosarcoma
Carcinosarcoma
Endometrioid carcinoma
Rhabdomyosarcoma

RECTUM (see G-I Tract)

SALIVARY GLANDS (see oral cavity)

SKIN

Amelanotic melanoma
Hutchinson's melanotic freckle
Lentigo maligna
Melanocarcinoma
Melanoma
Melanosarcoma
Merkel cell tumor
Mycosis Fungoides
Pilomatrix carcinoma
Squamous cell carcinoma with regional or distant spread only
Superficial spreading melanoma
Sweat gland carcinoma

SOFT TISSUE (Including retroperitoneum, peripheral nerve)

Alveolar rhabdomyosarcoma
Alveolar soft parts sarcoma
Angiofibrosarcoma
Angiosarcoma
Angiomyxoma (+)
Chondrosarcoma
Clear cell sarcoma of tendons
Dermatofibrosarcoma protuberans
Embryonal rhabdomyosarcoma
Fibromyxosarcoma
Fibrosarcoma
Fibrous histiocytoma, malignant
Granular cell tumor, malignant
Hemangioendothelial sarcoma
Hemangioendothelioma, malignant only
Hemangiopericytoma, malignant only
Juvenile rhabdomyosarcoma
Kaposi's sarcoma
Leiomyosarcoma
Liposarcoma
Lymphangioendothelioma, malignant
Lymphangiosarcoma
Mesenchymoma, malignant
Metastasizing leiomyoma
Myosarcoma
Myxosarcoma
Neuroblastoma
Neurogenic sarcoma
Neurilemmoma, malignant
Neurilemmosarcoma
Osteosarcoma
Paraganglioma, malignant
Pigmented dermatofibrosarcoma protuberans Bednar tumor
Reticulum cell sarcoma
Rhabdomyoma, malignant
Rhabdomyosarcoma
Sarcoma botryoides
Schwannoma, malignant
Schwannoma, malignant with rhabdomyoblastomatous differentiation
Synovial sarcoma
Xanthofibroma, malignant

SPINAL CORD (see brain)

Basal cell carcinoma of labia, clitoris, vulva, prepuce, penis and scrotum
Bowen's disease of anus and penis

SPLEEN (see Hematopoietic/Lymphoid)

STOMACH (see G-I Tract)

TESTIS

Carcinoid tumor (+)
Choriocarcinoma
Chorioepithelioma
Embryoma
Embryonal carcinoma
Embryonal teratoma
Endodermal sinus tumor
Germ cell carcinoma
Gonadal stromal tumor, malignant only
Gonadoblastoma (+)
Interstitial cell carcinoma
Leydig cell carcinoma
Mesonephric adenocarcinoma (infantile, juvenile embryonal carcinoma)
Polyembryoma
Seminoma
Sertoli cell carcinoma
Spermatoblastoma
Spermatocytic seminoma
Spermatocytoma
Teratoblastoma
Teratocarcinoma
Teratoma (+)
Vitelline tumor
Yolk sac tumor

THYMUS

Epithelioid thymoma, malignant only
Lymphocytic thymoma, malignant only
Seminoma
Spindle cell thymoma, malignant only
Thymic carcinoid
Thymoma, malignant

THYROID

Adenocarcinoma
Anaplastic carcinoma
Follicular carcinoma
Giant cell carcinoma
Hurthle cell adenoma, malignant only
Hurthle cell tumor, malignant only
Medullary carcinoma
Occult sclerosing carcinoma
Papillary carcinoma
Undifferentiated carcinoma

TRACHEA (see Larynx)

URINARY BLADDER, URETER, URETHRA

Adenocarcinoma
Adenosarcoma
Carcinosarcoma
Chemodectoma, malignant only
Mullerian mixed tumors

Papillary transitional cell carcinoma
Paranglioma (+)
Pheochromocytoma, malignant only
Rhabdomyosarcoma
Squamous cell carcinoma
Transitional cell carcinoma

Endometrial stromal sarcoma
Endometrioid carcinoma
Leiomyosarcoma
Mesonephric carcinoma
Mixed mesodermal tumor
Squamous cell carcinoma

VULVA AND VAGINA

Basal cell carcinoma of vulva, clitoris, and labia
Clear cell carcinoma
Mesonephroid carcinoma
Paget's disease
Squamous cell carcinoma

NOTE: The following superscript indicates the nature of the other than overtly malignant reportable tumors listed:

(+) Borderline, reportable

Amended by R.1990 d.242, effective May 21, 1990.

See: 21 N.J.R. 3909(a), 22 N.J.R. 1596(a).

Fourteen conditions added to list.

Repeal and New Rule, R.1995 d.241, effective May 15, 1995.

See: 27 N.J.R. 629(a), 27 N.J.R. 1998(a).

Recodified from N.J.A.C. 8:57A-1.2 and amended by

R.1998 d.393, effective August 3, 1998.

See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).

Rewrote the section.

8:57A-1.9 Audit, notice of violations, and enforcement actions

(a) A health care facility, physician's, dentist's, other health care provider's office, or independent clinical laboratory shall be subject to audit at the discretion of the Commissioner by authorized representatives of the New Jersey Department of Health and Senior Services.

(b) The New Jersey Department of Health and Senior Services shall evaluate completeness and timeliness of reporting as specified by this chapter. Records which shall be reviewed shall include, but not be limited to: medical records, diagnostic indices; such as, radiation, laboratory, cytology, and/or pathology reports, and discharge records.

(c) The audit shall be conducted during normal operating hours.

(d) A deficiency may be cited upon a determination that the health care facility, physician's, dentist's, other health care provider's office, or independent clinical laboratory does not comply with the reporting requirements to this chapter.

(e) At the conclusion of the audit or within 10 business days thereafter, the New Jersey Department of Health and Senior Services shall provide the health care

UTERUS, UTERINE TUBES, CERVIX

Adenoacanthoma
Adenocarcinoma
Adenosarcoma
Adenosquamous carcinoma
Endolymphatic stromal myosis, (low grade sarcoma)

facility, physician's, dentist's, other health care provider's office, or independent clinical laboratory with a written summary of any factual findings used as a basis to determine that reporting has not been complete or timely. This notice shall set forth the proposed assessment of civil monetary penalties, setting forth the specific reasons for the action. Such notice shall be served on a facility, physician, dentist, other health care provider, or independent clinical laboratory or its, his or her registered agent in person or by certified mail.

(f) A health care facility, physician, dentist, other health care provider, or independent clinical laboratory shall have 30 business days in which to correct all deficiencies in its reporting that were discovered during the audit.

1. If a health care facility, physician, dentist, other health care provider, or independent clinical laboratory fails to correct deficiencies in its reporting that were discovered during the audit within 30 days, the New Jersey Department of Health and Senior Services will act as registrar and shall charge the facility, physician, dentist, other health care provider, or independent clinical laboratory for all costs related to these services, including, but not limited to, the retrieval of case information and the cost of the audit. This fee shall be based upon the fair market value of such services.

i. All checks for fees for the Department's audit services shall be made payable to "Treasurer, State of New Jersey" and forwarded to:

Office of Cancer Epidemiology
New Jersey State Cancer Registry
New Jersey Department of Health and Senior Services
PO Box 369
Trenton, New Jersey 08625-0369

New Rule, R.1998 d.393, effective August 3, 1998.

See: 29 N.J.R. 2759(a), 30 N.J.R. 2903 (b).

8:57A-1.10 Civil monetary penalties

(a) Pursuant to N.J.S.A. 26:2-106f(3) and notwithstanding the provisions of N.J.A.C. 8:57A-1.9(f)1 above, the Commissioner may assess a penalty for violation of reporting requirements in accordance with the following standards:

1. For failure of a health care facility, physician, dentist, other health care provider, or independent clinical laboratory to report pursuant to the provisions of this chapter, up to \$500.00 per unreported case of cancer or other specified tumorous and precancerous disease; and/or

2. For failure of a health care facility to report electronically, up to \$1,000 per business day.

(b) The Department may decrease the penalties in (a) above based upon compliance history, the number and frequency of the deficiencies, the measures taken to mitigate or prevent future deficiencies, the deterrent effect of the penalty, and/or other specific circumstances of the

The assessment of civil monetary penalties shall become effective 30 days after the date of mailing or the date personally served, unless the health care facility, physician, dentist, other health care provider, or independent clinical laboratory files with the Department a written answer to the charges and gives written notice to the Department of its desire for a hearing. In this case, the assessment shall be held in abeyance until the administrative hearing has been conducted and a final decision is rendered by the Commissioner. Hearings shall be conducted in accordance with N.J.A.C. 8:57A-1.13.

New Rule, R.1998 d.393, effective August 3, 1998.
See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).

8:57A-1.12 Failure to pay a penalty; remedies

(a) Upon receipt of a Notice of Proposed Assessment of a Penalty, a health care facility, physician, dentist, other health care provider, or independent clinical laboratory has 30 days in which to notify the Department of its request for a hearing pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq.

(b) The penalty becomes due and owing upon the 30th day from receipt of the Notice of Proposed Assessment of Penalties if a notice requesting a hearing has not been received by the Department. If a hearing has been requested, the penalty is due 45 days after the issuance of a Final Agency Decision by the Commissioner, if the Department's assessment has not been withdrawn, rescinded, or reversed, and an appeal has not been timely filed with the Appellate Division pursuant to Rule 2:2-3 of the New Jersey Court Rules.

(c) Failure to pay a penalty within 30 days of the date it is due and owing pursuant to (b) above may result in the institution of a summary civil proceeding by the State pursuant to the Penalty Enforcement Law, N.J.S.A. 2A:58-1 et seq.

New Rule, R.1998 d.393, effective August 3, 1998.
See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).

8:57A-1.13 Hearings

(a) Upon request, a hearing shall be afforded to a health care facility, physician, dentist, other health care provider, or independent clinical laboratory pursuant to N.J.A.C. 8:57A-1.9.

(b) A health care facility, physician, dentist, other health care provider, independent clinical laboratory shall notify the Department, in writing, of its request for a hearing within 30 days of receipt of a Notice of Proposed Assessment of Penalties.

(c) The Department shall transmit the hearing request to the Office of Administrative Law.

facility or violation.

New Rule, R.1998 d.393, effective August 3, 1998.
See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).

8:57A-1.11 Effective date of enforcement action

(d) Hearings shall be conducted pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1.1.

New Rule, R.1998 d.393, effective August 3, 1998.
See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).

8:57A-1.14 Settlement of enforcement actions

(a) A health care facility, physician, dentist, other health care provider, or independent clinical laboratory may request that the matter be settled in lieu of conducting an administrative hearing concerning an enforcement action.

(b) If the Department and the health care facility, physician, dentist, other health care provider, or independent clinical laboratory agree on the terms of a settlement, a written agreement specifying these terms shall be executed.

(c) The Department may agree to accept payment of penalties over a schedule not exceeding 18 months where a health care facility, physician, dentist, other health care provider, or independent clinical laboratory demonstrates financial hardship.

(d) All funds received in payment of penalties shall be recovered by and in the name of the Department and shall be dedicated to the New Jersey State Cancer Registry.

New Rule, R.1998 d.393, effective August 3, 1998.
See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).